

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES  
DEVELOPMENTAL DISABILITIES PROGRAM



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**RECEIVED**

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TO: Gayle Tompkins, Executive Director  
Lesli Gould, Program Director  
Karen Frank, YWCA Board President

**DPHHS - DSD**

FROM: Bob Trent, Quality Improvement Specialist  
Developmental Disabilities Program

SUBJECT: Fiscal Year '05 Quality Assurance Review

Attached is the final report for the Fiscal Year '05 Quality Assurance Review. This review covers the period from June 2004 through October 2005, and addresses the Supported Living Services and Community Supports Services provided by the YWCA. I wish to extend my thanks both to the individuals surveyed for talking to me and welcoming me into their homes, and to the YWCA Support Specialists for their assistance during this review.

cc: Suzn Gehring  
Tim Plaska  
John Zeeck

**Scope of Review:**

This Quality Assurance Review covers the period from June 2004 through October 2005, and covers the YWCA Supported Living (SL) and Community Supports (CS) Programs. It is noteworthy that the Billings YWCA is the only YWCA program in the country that has a Supported Living Program for people with developmental disabilities, and this community is fortunate to have the Billings YWCA offering this service.

**General Areas****A. ADMINISTRATIVE****Significant Events from the Agency**

- Four people moved into their own apartments without roommates, as was each person's wish.
- A supervisory position was created and filled for the Grand Office.
- There has been no turnover with staff at the Grand Office for over a year.
- The three part-time staff employed by the agency have been with the agency for over 6 months.
- One consumer received a grant to get the interior of his house painted.
- One consumer receiving Community Supports moved into her own apartment.

**Policies and administrative (DDP) directives**

- The YWCA of Billings Policies and Procedures Manual and the YWCA Personnel Policies were reviewed and found to be in substantial compliance with DDP directives, with the following exception: the YWCA has not yet rewritten its Incident Management Policy to come into compliance with the DDP Incident Management Policy dated 4/15/05 (QAOS # 5). A target date of 11/30/05 has been set for completion of the policy, and I will follow-up with the YWCA after that date.

**Licensing**

- The YWCA does not maintain any facilities that are licensed as congregate living residences.

**Accreditation**

- The YWCA has decided not to pursue further accreditation with CARF.

**Agency internal communication systems**

- During the course of this Quality Assurance Review, it appeared that the YWCA has good internal communication systems. There is daily communication between the Grand office and the main office, and there are biweekly staff meetings with all Support Specialists.

**Fiscal**

- The end of the year financial report was received on time. The DPHHS audit department performed a desk review of the YWCA's Fiscal Year '03 and '04 audits and noted that there were no material findings.

**Appendix I**

- There were no Appendix I items or language specifically negotiated for the contract period covered by this review.

## **Specific Services Reviewed**

### **A. Residential**

#### **Accomplishments**

-See above under Significant Events.

#### **Programmatic Deficiencies**

-No significant programmatic deficiencies were noted.

#### **Corrections to Deficiencies**

-No corrections to deficiencies is required.

## **I. HEALTH AND SAFETY**

### **Vehicles**

-Support Specialists typically use their own personal vehicles as necessary to transport consumers to medical appointments, shopping, etc. All staff are required to provide proof of insurance in order to be covered by the YWCA's insurance policy, and driving record background checks are performed on all new hires.

-Support Specialists also have access to the YWCA agency van to use when available. The agency currently does not have an orientation checklist for staff, nor a vehicle maintenance policy (QAOS #10). The agency will develop the checklist and policy and provide documentation to this office by 11/30/05.

### **Consumers**

-The YWCA has historically demonstrated a commitment to ensuring the health and safety of the individuals it serves, while at the same time honoring individual wishes, granting each person dignity and respect. Examples of this include willingness to hire extra staff (with funding) as necessary to meet the needs of individuals in crisis, extending the hours of staff when individuals need more assistance than their contracted hours of support allow, and having staff fill in for one another to cover vacations and sick time of staff.

-The individuals interviewed were all able to demonstrate that they knew how to obtain emergency assistance if needed, either through the YWCA's on-call numbers or 9-1-1. All indicated that they felt safe in their residences and neighborhoods.

### **Medication Safety**

-The "Med Run" assists individuals who are not completely independent with taking their medications by making daily contact with them and ensuring that medications are taken at appropriate times and in appropriate doses. Staff who were interviewed were unclear regarding the DDP policy concerning individuals who are independent with taking their medications, but who moved or had a change of medications or dosage schedules (QAOS #5). Staff will be trained on the policy by November 30, 2005, and I will follow-up with the YWCA after that date. Further discussion with

the DDP will be needed to develop procedures for implementing the policies.

-During the course of the year, the YWCA staff were commended for reducing the number of staff-related medication errors (QAOS #2).

-On one occasion during the course of the year, two staff were found to be assisting with medication administration with expired medication certifications (QAOS #3). The two staff who were cited did then get their certifications renewed, and the issue has not arisen again. All staff were found to have current medication certifications during this review.

#### **Sites**

-Individual residences were visited for nine of the ten consumers sampled during this Quality Assurance Review. All residences were clean and neat and reflected the personalities of the folks who lived there. All individuals seemed genuinely pleased with their residences and were happy to show me around. For one individual ( ), the apartment did not meet egress requirements, but a documentation of choice was in place in the IP, indicating that the person had given informed consent to continue living there while awaiting an apartment with better egress capability within the same apartment building.

## **II. SERVICE PLANNING AND DELIVERY**

### **Individual Planning (Assessment, implementation, monitoring)**

-The files of all ten individuals sampled were reviewed. All plans were found to be based on assessment information and related to long range goals. All objectives identified in the IP's were implemented as specified, and data was well organized and easily retrievable. A commendation is offered for this effort (QAOS #8). Another commendation in this area is given to the YWCA for developing an excellent assessment summary which address all aspects of a person's life. This summary would certainly assist in the development of holistic planning for individuals served (QAOS #7).

### **Leisure/Recreation**

-The YWCA emphasizes the social and recreational needs of the folks it serves, and organizes a variety of parties, picnics, and other events throughout the year. Many of the plans which were reviewed included objectives for social and recreational supports. All consumers appeared to be actively involved in community activities.

### **Client Rights**

-The YWCA is found to be a strong advocate of individual rights. No violation of client rights was noted during the course of this review.

### **Medical/health care**

-The YWCA assists folks in services to schedule and attend medical appointments, to shop for nutritious food, and to have the best possible health care. See additional comments above under Medication safety.

### **Emotionally Responsible Care Giving**

-All interactions between staff and consumers were observed to be open,

cordial, and respectful.

#### **Consumer Surveys**

-Consumer surveys conducted by Case Managers as part of the IP Process were reviewed for each individual sampled, with no issues or concerns noted.

#### **Agency's consumer satisfaction surveys**

-The YWCA conducts staff, consumer, and stakeholder surveys to use as part of its strategic planning process. The consumers interviewed all expressed satisfaction with the services they were receiving.

### **III. STAFFING**

#### **Screening/Hiring**

-The files of five recently hired staff were reviewed and all were found to have criminal background checks, as well as proof of vehicle insurance and background checks of driving records.

#### **Orientation/training**

-Orientation and training records were reviewed for the same five recently hired staff, and all staff were found to have orientation completed as outlined in agency policy.

#### **Ratios**

-The following Support Specialist caseload sizes are stipulated in the YWCA contract:

-On-call overnight coverage: 5-7 individuals

-No overnight coverage: 7-12 individuals

The caseload size for each Support Specialist was reviewed, and all were found to be within contracted amounts.

-Each person served has an individualized cost plan which identifies the number of hours of support to be delivered. For all individuals sampled, there was excellent data summarizing the number of hours of support provided, and a commendation is offered to that effect (QAOS #9).

#### **Staff Surveys**

-Five staff were interviewed using the Staff Survey, and with one exception, staff were able to satisfactorily answer the questions posed in the survey. As mentioned above under medication safety, staff were unable to correctly state the procedure when an individual changed residences or had a medication change.

### **IV. INCIDENT MANAGEMENT**

#### **APS**

-During the course of the year, there were no APS Investigations into allegations of Abuse, Neglect, or Exploitation on the part of YWCA staff.

#### **Incident Reporting**

-In June 2004, QAOS #1 identified a deficiency in reporting three incidents—a medication error, a serious illness, and another which had police involvement. Subsequently, staff received training in Incident Reporting regulations, and the problem did not appear again. More

recently, the YWCA has been in substantial compliance with the 8 hour notification for critical incidents and submission of written incident reports. As mentioned above under DDP Policies and Directives, the YWCA is in the process of revising its incident management policy to come into compliance with the new DDP policy. Although the policy is not yet revised, the YWCA has formed an Incident Management Committee which meets weekly to review all incident reports, including those generated by other agencies. The meetings I have personally attended have demonstrated a commitment to not just review the reports, but to brainstorm each report to offer suggestions to staff to hopefully prevent future incidents of the same type.

### **C. Community Supports**

#### **Accomplishments**

- One person moved into her own apartment, as had been her wish.

#### **Programmatic Deficiencies**

- No significant programmatic deficiencies were noted.

#### **Corrections to Deficiencies**

- No corrections to deficiencies is required.

### **I. HEALTH AND SAFETY**

#### **Vehicles**

- See above under residential.

#### **Consumers**

- The YWCA provides Community Supports Services to three individuals, and all three were interviewed during this review. The YWCA provides the same level of health and safety support to people served via Community Supports as it does to consumers served in the Supported Living Program. See also comments above under residential.

#### **Medication Safety**

- See above under residential.

#### **Sites**

- The residences of all three individuals receiving Community Supports were visited. All were found to be clean and neat, and safe. See additional comments above under residential.

### **II. SERVICE PLANNING AND DELIVERY**

#### **Individual Planning**

- The files of all individuals receiving Community Supports were reviewed with no deficiencies noted. See comments above under residential.

#### **Leisure/Recreation**

- All individuals receiving Community Supports were involved in a variety of leisure and recreation activities based on individual preference and choice. See additional comments above under residential.

**Client Rights**

-No violations of client rights were noted.

**Medical/health care**

-See comments above under residential.

**Emotionally Responsible Care Giving**

-See comments above under residential.

**Consumer Surveys**

-All individuals who receive Community Supports had surveys performed by their Case Managers, with no concerns noted.

**Agency's consumer satisfaction surveys**

-See comments above under residential.

**III. STAFFING****Screening/Hiring**

-See comments above under residential.

**Orientation/training**

-See comments above under residential

**Ratios**

-See comments above under residential.

**Staff Surveys**

-See comments above under residential.

**IV. INCIDENT MANAGEMENT****APS**

-See comments above under residential.

**Incident Reporting**

-See comments above under residential.

**CONCLUSION**

The YWCA provides an excellent supported living service on a very limited budget, and the Developmental Disabilities Program appreciates all they do for the folks who use this service. Good job!

**Findings Closed**

-None

**Findings Open:**

-Staff training on Medication Administration Policies (QAOS #4) Target completion date 11/30/05.

-Revision of the Agency's Incident Management policy (QAOS #5). Target completion date 11/30/05.

-Development of a driver's training checklist and vehicle maintenance policy (QAOS # 10). Target completion date 11/30/05.